

NURSE AIDE AND HOME HEALTH AIDE ACCOMMODATION REQUEST FORM

Any trainee who has a physical, learning, psychological or other reason for requesting a reasonable accommodation or auxiliary aide to take the state test, may complete and submit this form. You must have performed in a satisfactory manner in both a class/theory and in a lab/clinical setting of the course. The applicant must complete the front of this form and the course instructor must complete the back side of this form.

An accommodation must be requested in advance. The accommodation request form must accompany the I.D. slip and reach Health Occupations Credentialing at least three weeks prior to the desired testing date.

nstructor name:	Course number:
A. TRAINEE'S INFORMATION	TRAINEE MUST COMPLETE THE FOLLOWING:
Home Phone #: ()	Work Phone #: ()
B. REASON FOR REQUEST (Ch	ck all that apply)
Deaf Hard of Hearing Visually Impaired Physical Disability (please Special Learning Disabilit Psychological Disability (p Other (please explain C: REQUESTED ACCOMMODA	(please explain) ease explain)
Reader/Oral Test (Nurse Sign Language Interprete Large Print Extended Time	ide Test ONLY)
Time and a half	_ Double Time
D. WAS THE SAME ACCOMMOYesNo If no, why	ATION REQUESTED IN TAKING THE NURSE AIDE OR HOME HEALTH AIDE COURSE?
	on supplied in this application and any attachments are accurate and complete to the best of rmission to the department to verify any information provided in this application and any
Signature of Trainee	Date

(INSTRUCTOR MUST COMPLETE THE PAGE BELOW)

INSTRUCTOR MUST COMPLETE THE FOLLOWING

If you have a trainee who has a physical, learning, psychological, or other reason that you believe requires a reasonable accommodation or auxiliary aide to take the state nurse aide or home health aide test, please complete this page of the form and submit this form to the address below.

A. I have known		since	in my capacity
as aprofessional title	<u> -</u>		
B. It is my opinion the candidate should be	oe accommodated by p	providing the following	:
Reader/Oral test (NURSE AIDE T Sign Language Interpreter Large Print Extended Time Time and a half Double Time	EST ONLY)		
C. Was the accommodation provide for in Yes No If no, why is it be	n the nurse aide or hor eing requested for the		?
	fy any information prov	rided in this application	plete to the best of my knowledge. I do hereby an and any attachments. I do hereby request that ommodation for the candidate.
Signature of Instructor or other verifying professional		Date	
Address			
Phone ()	_work		
Phone ()	_home		
Return to: Health Occupations Credentia Kansas Department for Aging 612 S Kansas Ave. Topeka, Kansas 66603-3404	-	s	

(785) 296-6958 or tabetha.mojica@kdads.ks.gov